## **CLINICALTRIALS.GOV JHU RECORD REVIEW**

PROTOCOL ID			RECORD OWNER	REVIEWER	_	☐ Registration ☐ pA☐ Update status ☐ No	
NCT#					☐ Results (add Results checklist)		
DATE RELEASED CO		COMM	IENTS DATE	REPLY DATE		DATE PUBLISHED	
GENER	AL REVIEW ITEMS					NOTES	
<ul> <li>□ No monetary value (e.g. compensation, food voucher) entered anywhere in the protocol</li> <li>□ Record Owner is the PI (JHU Policy)</li> <li>□ PI on record matches IRB PI:</li> <li>□ Contact info for Record Owner is up-to-date</li> <li>□ NCT number included in IRB "Clinical Trials Information" section (if applicable)</li> <li>□ All Warnings (if needed)</li> <li>□ All parenthetical citations have been removed</li> <li>□ All acronyms have been expanded on their first use</li> <li>□ Spell-check complete</li> <li>□ Free-text fields are blank if there is no information to report, and do not contain text such as "TBD," "Pending," "N/A," "None"</li> </ul>							
PROTO	OCOL SECTION						
STUDY IDENTIFICATION  ☐ Unique protocol ID is the IRB number (JHU Policy) ☐ Brief Title does not include study type (e.g., Phase I, Randomized) ☐ Official title should match what is in the IRB (or grant application if applicable) ☐ Secondary IDs include NIH grant numbers (verify in IRB)							
STUDY STATUS  Record Verification Date is the current month/year Overall Status matches IRB/CRMS Study start date verified with CRMS enrollment date Completion Dates Actual/Anticipated have been evaluated for accuracy If timeframes for outcomes are the same the primary and study completion dates are identical							
	OR/COLLABORATORS Responsible Party: Sp All sources of suppor Full Name used and i	onsor (. t identif	ied in IRB "Support Ir		included a	s Collaborators	
OVERS	IGHT IND/IDE information Pending is not entere	•		ilicable)			
Verify	Human Subjects Revie Board Status verified Approval Number is a Board Name: Johns H Board Affiliation: Joh Phone: (410) 955-300 Address: 1620 McEld	a valid IF Iopkins I ns Hopk 08, Emai	Medicine Institutiona ins Medicine I: <u>ihmeirb@jhmi.edu</u>		21205		

STUDY	DESCRIPTION						
	Brief Summary does not unnecessarily duplicate information provided for other data elements						
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	Brief Summary and Detailed Description are written in complete sentences with no formatting errors						
	Record does not use personal pronouns: "I, my, we, our, us" – becomes "the investigator(s)"; "you, your,						
	they, them, their" – becomes "the participant(s)"						
CONDI	TIONS						
	Conditions/Focus of study are discrete and does not use verbs or complete sentences						
	Keywords are not numbered or bulleted, each condition and keyword is listed individually, one per line						
STUDY	STUDY DESIGN						
	All required fields are completed						
	Verify Study Design based on protocol in IRB						
	, 6						
	Enrollment number Actual/Anticipated verified						
ARMS/INTERVENTIONS							
	Arm Title or Group/Cohort Label is brief and informative (even if there is only 1 arm)						
	Interventions and intervention descriptions are entered correctly (drug or device names should be added to						
_	title and description)						
כ	Arms/interventions are cross-referenced appropriately						
OUTCOME MEASURES							
	Title is "outcome neutral", specific and states WHAT is being measured, only 1 variable must be assessed per						
	outcome measure (unless it is a composite)						
	p p						
	•						
	Time frame specified as a single time point or change between 2 time points (if unsure of duration, add up to the duration team is willing to follow each participant for that outcome measure e.g. "up to 1 year")						
	Time frame should not be the whole duration of study if outcome measure specifies a duration for the						
	assessment of that measure which is less than whole duration of study						
	INCORRECT: "Safety and Toxicity", Description: "Safety of study drug."						
	CORRECT: "Safety as assessed by number of participants experiencing adverse events" Description: "Number						
	of participants experiencing adverse events grade 3 or higher, as defined by Common Terminology Criteria for						
	Adverse Events version 5.0 (CTCAE v5.0)"						
ELIGIBILITY							
_	Age Limits are consistent with the Eligibility Criteria and with other parts of the record						
u	Eligibility criteria is divided into Inclusion/Exclusion criteria in bulleted format						
	ACTS/LOCATIONS						
	Central Contact Person specified and accurate (JHU Policy)						
	<b>/</b>						
	All study sites specified matches CRMS						
	Recruiting status for each study site accurate (if at least one study site is recruiting then Study Status reflects "Recruiting")						
	Each facility is listed in a separate field						
IPD Sharing Statement ☐ The Plan to Share IPD is 'YES' or 'NO' (ICMJE does not accept 'UNDECIDED') if an option is selected.							
REFERENCES							
l u	Each citation is listed in a separate field (if applicable)						

RESULTS SECTION					
PARTICIPANT FLOW  ☐ Protocol Enrollment refers to total number of subjects who consented to protocol (including withdrawals after consent but not screen failures) ☐ Recruitment details (optional) explains any specifics used at time of recruitment ☐ Pre-assignment details explains (in detail) what happened to subjects who signed consent but were not assigned to an arm/intervention (e.g. withdrawals) ☐ Arms titles and arm descriptions specified consistent with protocol section ☐ Number of Participants Started refers to total number of participants assigned to each arm ☐ Number of Participants Completed refers to total number of participants who completed study intervention ☐ Reason(s) for Not Completed provided (optional) ☐ Divided into periods/milestones appropriately (if applicable) ☐ Total number of participants started cannot be greater than enrollment number ☐ Total number completed is equal to or less than "started"					
BASELINE CHARACTERISTICS  ☐ Overall Number of Baseline Participants should match Number of participants Started (from Participant Flow) ☐ Baseline Analysis Population Description explains if there is a discrepancy between Overall & Started numbers ☐ Arm titles/descriptions are consistent with participant flow and/or protocol section ☐ Data is presented per arm or all participants together for crossover design ☐ If "number of participants" is reported, make sure Measure Type is "Count of Participants" ☐ Baseline Measure Description is specified for all Study-specific measures					
OUTCOME MEASURES  ☐ Titles/descriptions/time frame meet the criteria (as specified on prior checklist) ☐ Results are reported per arm or by intervention for crossover design ☐ Analysis Population Description includes reason why Number of Participants analyzed is different than total number of participants that started or completed study from participant flow (if applicable) ☐ Type and Number of Units analyzed is indicated, if other than "number of participants" (e.g. Lesions) ☐ Unit of measure matches what is stated in Outcome Title/Description ☐ Sum of all results entered for each arm equals overall number of participants analyzed (if applicable) ☐ Verify true data is entered and there are no placeholders ☐ Time frame specified not more than duration of the study ☐ Statistical Analysis portion is optional (if entered, review for accuracy)					
ADVERSE EVENTS  ☐ Time frame specified ☐ Collection Approach specified ☐ Arm titles/descriptions consistent with other sections in the record ☐ Data presented per arm ☐ All-cause mortality specified (cross-check with number "not completed due to death" from participant flow and any mortality measures in outcome section, if applicable) ☐ Total Number "At Risk" must be equal to total number of participants who started the study					
LIMITATIONS AND CAVEATS  ☐ Information here is only about limitations, unvalidated data or any reason why data entered cannot be totally reliable and does not contain any discussion of results or any other information.					
CERTAIN AGREEMENTS  Principal Investigators are employed by the organization sponsoring the study					
RESULTS POINT OF CONTACT  Information is correct and valid email address/phone number entered					

DOCUN	MENT SECTION			
	Protocol (required for primary completion date on or after January 18, 2017)			
	Statistical Plan (required for primary completion date on or after January 18, 2017)			
	Informed Consent Form (required for studies approved on or after January 21, 2019)			
	Cover Page			
	□ NCT Number			
	☐ Study Title			
	☐ PI Name (JHU-specific)			
	☐ Date of Document (date document most recently updated or IRB approved, whichever is more recent)			
	Additional Documents:			
	Uploaded document(s) do not include a publication			
REFERENCES				
	Links to results verified as active (if applicable)			

## Acronyms

JHU – Johns Hopkins University

pACT – Probable Applicable Clinical Trial

ACT – Applicable Clinical Trial

PI – Principal Investigator

IRB – Institutional Review Board

NCT – National Clinical Trial

NIH – National Institutes of Health

CRMS – Clinical Research Management System

IND – Investigational New Drug

IDE – Investigational Device Exemption

 ${\sf ICMJE-International\ Committee\ of\ Medical\ Journal\ Editors}$